SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

2022 JAN 10 PM 2: 56

Do Not Mark in This Spale Hol Official Section Y () FRE

COVER PAGE

1. NAME OF COMMITTEE		Transfer.						
CAGG4BRISTOL								
2. TREASURER NAME								
First		MI	Last	All the control of th				Suffix
Daniel		1	Theria	ult				1
3. TREASURER ADDRESS								
Street Address		Ci	ity			State	Zip Co	ode
601 Fern Street		Į V	Vest Hartf	ord		СТ	06107	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete o	nly if Candide	ite Committee)		r, was een Kiliji seri	6. DISTRICT NUMBER	
(mm/dd/yyyy) 11/02/2021	Mayor	Mayor)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)			3.5		W9/38 F4	
First		MI Last				Suffix		
Jeffrey		J Caggiano						
8. TYPE OF REPORT (Check One Box)								
⊙ January 10 filing	7th day preced	O7th day preceding primary O7th day preceding referendum OInitial Con (PACs ONL)						Disbursement
April 10 filing	O30 days follow	ving primary	O45	O45 days following referendum OAmer				
July 10 filing	O7th day preced	ling election	OD	eficit	_	ype of Rep		
October 10 filing	12th day prece		OT ₆	rmination	_		····	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No							i
9. PERIOD COVERED					7			
	Beginning Dat	te		Ending Date				
-	10/25/2021	.,	thru	12/31/2021				
10. CERTIFICATION I hereby certify and state, under per Disclosure Statement for the per	enalties of false s	tatement, tha	t all of the	e information set forth on the	is Iten	aized Can	apaign Fi	nance
Di ThumM	riou covered is tr		e and con niei Theri				01/10/2	022
TREASURER OR DEPUTY TREASURE	PR	PRINT NAME OF SIGNER				DATE (r	nm/dd/yyyy)	
A person who is f	found to have kno	wingly and v aces a civil p	villfully vi enalty or i	olated any provisions of the imprisonment or both.	camp	aign fina	nce statui	tes

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
CAGG4BRISTOL CAGG4BRISTOL	January 10 Filing				
	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0			
12. Balance on hand at the beginning of Reporting Period	11,664.67				
13. Contributions Received from Individuals (Sections A and B)	350.00	52,600.00			
14. Receipts from Other Committees (Sections C1 and C2)	0	0			
15. Other Monetary Receipts (Sections D through K)	0	250.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	1,200.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	350.00	54,050.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	12,014.67	12,014.67			
19. Expenses Paid by Committee (Section P)	12,014.67	12,014.67			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0			
22. In-Kind Donations not Considered Contributions — House Party (Section L.5)	0	0			
23. In-Kind Contributions Received (Section M)	0	0			
24. Refundable Deposit to Telephone Company (Section N)	0	0			
25. Loan Balance	0				
25a. + Loans Received (Section D)	0	0			
25b. + Interest and Penalties on Loan	0	0			
25c Payments on Loan	0	0			
25d. Total Outstanding Loan Amount	0				
26. Campaign Expenses Paid by Candidate (Section Q)	6,899.13	7,306.06			
27. Expenses Incurred on Committee Credit Card (Section R)	o	0			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	969.57				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	969.57				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as		TYPE OF REPORT					
CAGG4BRISTOL				January 10 Filing			
A. Total Contributions from Sma (See instructions for definition of Small Cont			is Period ONLY OTAL SECTION A	\$ 250.00			
	B. Itemized Con	ıtribı	itions from Indivi	duals			
Last Name	•	Firs				1	MI
Healy			nristopher				
Residential Street Address		City	<i>C</i> l - 1 - 1		State	Zip Co	
27 Dorchester Road		weth	ersfield		СТ	061	09
Principal Occupation		i	Name of Employer				
Executive Director			CT Catholic Confer	ence			
or dependent child of a lobbyist? No doe	contribution is in excess of \$400 to es contributor or business he/she i ued at more than \$5,000?				7. Am o		Contribution
Is this contribution associated with an event reported in Section L1? Yes No	Is contributor a principal of a st If yes, indicate which brane	ch or b	ranches	_ O No	7 '``	.00	
If yes, list Event # Method of Contribution:	of government the contract	is with	Date Received	OLegislative Aggregate Contributions	4		
Cash Personal Check Credit/Debit Card	OPerural Deduction OManay	Order	10/27/2021	650.00	ŀ		
	Of ayron Deduction Owloney			030.00	<u> </u>		1.0
Last Name		Firs	•				MI
Residential Street Address	C	lity	Trapht g		State	Zip Co	de
Principal Occupation			Name of Employer			ı	
or dependent child of a lobbyist? O No doe	ontribution is in excess of \$400 to s contributor or business he/she is ned at more than \$5,000?	a cand	lidate for a chief executive ated with have a contract O Yes O No	officer of a municipality with said municipality	Amo	unt of (Contribution
Is this contribution associated with an Yes	Is contributor a principal of a st			e contractor? OYes	1		
event reported in Section L1? No If yes, list Event #	If yes, indicate which brane of government the contract			↑ No Legislative	Ì		
Method of Contribution:	8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money (Order					
Last Name		First					MI
Residential Street Address	lc	Sity			State	Zip Co	ide.
		<i>y</i>			Diate	12400	
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? O No does	ontribution is in excess of \$400 to s contributor or business he/she is aed at more than \$5,000?				, Amo	unt of (Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a str If yes, indicate which branc of government the contract	h or br	anches	contractor? O Legislative			
Method of Contribution:	_	- 1	Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney C	Order					
	SUBTO	DTAL	Section B — This	Page 100.00		•	
	TOTAL	of ado	litional Section B P	ages 0			
TOTAL OF ALL O	CONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A nn A of Summary Page T				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MMITTEE (Provide Com	plete Name as Registered	with Filing Repos	sitory)		TYPE OF REPORT	
CAGGADRIST		하다. 하다. 15 10 11 11 11 11 11 11 11 11 11 11 11 11				January 10 Filing	
N60		C1.	Contributi	ons from O	. Proposition of the second of	<u>alan 1986 (and) ar gang gang bahan pinetiga 1971 (4-1944) libih itu bahan libih (485)</u> in	
Name of Committee	1				Name of T	reasurer	
Address				Is this contrevent report	ted in Section	ciated with an OYes ONo 1 L1? s, list Event #	Amount of Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee					Name of Ti	reasurer	
Address		· · · · · · · · · · · · · · · · · · ·	****	Is this contrevent report	ed in Section	iated with an Yes ONo a L1? s, list Event #	Amount of Contribution
City	***	State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee			!		Name of Tr	reasurer	
Address		Is the ever		Is this contri event report	ed in Section	iated with an Yes No	Amount of Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	
			4			m other Committees	
Name of Committee		Kembui semen	ita or Surpi	ius Distribi	Name of Tr	1 4 17 HAVE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address	,,			City		·	State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amount of Receipt
Description		OReimbursen	nent for shared e	expense OS	urplus Distri	button	_
Name of Committee					Tv. om		
value of Committee					Name of Tr	easurer	•
Address				City	<u>.l</u>		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amount of Receipt
Description		OReimburse	ement for shared	d expense O	Surplus Dist	tribution	-
						is Page 0	
				TAL Sections of additions			
		F ALL COMMIT	TEE CONT	RIBUTIONS	AND RE	CEIPTS 0	
	(Section	as C1 + C2) (Enter t	otal on Line 14	l, Column A of	Summary Pa	age Totals)	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repositor	y)			F REPORT	
CAGG4BRISTOL				Januar	y 10 Filing	
	D. Loans R	Recei	ved this Period			
Name of Lender			Source of Loan: OBank O Candi	idate O Individu	al Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	*			4		Amount Received
Street Address	City		-	State	Zip Code	
Name of Lender			Source of Loan:			Date of Receipt
			Bank Candi	idate 🔘 Individu	al Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank O Candie	idate O Individua		Date of Receipt
Street Address	City			State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	<u> </u>				1.	O Yes O No Amount Received
Street Address	City			1 State	Trin Code	
Street Audress	City			State	Zip Code	
			TOTAL SECTION	ON D 0		
E. Receipts from Entities	other than Individ	uals	or Other Comm	ittees (Refere	ndum Committe	ės ONLY)
Name of Entity						
Street Address	 			Date Received		Amount Received
City	Ste	ate	Zip Code	Aggregate Contril	butions	
Name of Entity						
Street Address	<u> </u>			Date Received		Amount Received
City	Sta	ate	Zip Code	Aggregate Contrib	outions	
- A		•				·
Name of Entity						
Street Address				Date Received		Amount Received
City	Sta	ate	Zip Code	Aggregate Contrib	outions	
			TOTAL SECTION	ONE 0		

NAME OF COMMITTE	TEE (Provide Complete Name as Regis	tered with Filing Repository)		TYPE OF REPORT January 10 Filing
wife face and the end of the end of	F. Amount Transferred	from Affiliated Busine	number of the control	
Date of Receipt	Is this transaction associevent reported in Section	iated with an Oyes If ye	s, list Event#	Amount
Date of Receipt	Is this transaction associated in Section		s, list Event#	Amount
Date of Receipt	Is this transaction associevent reported in Section	103 2/ 30	s, list Event #	Amount
Date of Receipt	Is this transaction associated event reported in Section		s, list Event #	Amount
			TOTAL SECTION F	0
G. Amount	Fransferred from Affilia	ted Labor Union or Otl	er Organization Tr	easury (Organization Committees ONLY)
Date of Receipt		Date of Receipt	Da	ate of Receipt
	Amount	Amount		Amount
		1	OTAL SECTION G	0
	H. Personal Funds of	the Candidate Received	this Period (Candida	nte Committees ONLY)
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit Card	Amount
Date of Receipt	Method of payment: Cash	O Personal Check	Credit/Debit Card	Amount
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit Card	Amount
Date of Receipt	Method of payment: Cash	Personal Check	Credit/Debit Card	Amount
			TOTAL SECTION 1	0
		I. Anonymous Cor	tributions	
an	Per Public Act 11-48, nount. If a committee	Anonymous Contribut		

immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered wi	th Filing Repository)		TYPE	OF REPORT	
CAGG4BRISTOL			Janu	ary 10 Filing	
J. Interest	t from Deposits in Au	thorized Accoun	ts		
Name of Institution			Date R	eceived	Amount
Street Address	City	S	tate	Zip Code	
Name of Institution	<u> </u>		Date R	eceived	Amount
Street Address	City	Si	ate	Zip Code]
		TOTAL SECTION	V// vi	 0	
K. Miscellancous N	Aonetary Receipts no	terining a file of the second	AND THE	. Will file to be the first and a color section	
Name			por production	Date of Transaction	Amount Received
Course Address	Lav.		Laur	[a: c. t.	
Street Address	City		State	Zip Code	
Description	,- ₋ ,-,-,- F		•	t	
Name	· · · · · · · · · · · · · · · · · · ·	·	Е	ate of Transaction	Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Description	——————————————————————————————————————			<u> </u>	
Name			D	ate of Transaction	Amount Received
Street Address	City	· hand had the state of	State	Zip Code	
Description	<u> </u>				
Name		· · · · · · · · · · · · · · · · · · ·	D	ate of Transaction	Amount Received
					120002702
Street Address	City		State	Zip Code	
Description				<u> </u>	
	TAT	AL SECTION K	0		
SUMMARY OF OTHE			<u> </u>	wangk K	
Total Loans Received this Period (Section D)	N WONE PART RE	CERT IS (Section	3 JJ 11		<u> </u>
Total Receipts from Entities other than Individuals or O	Other Committees (Section	1 E)	+	0	
Total Amount Transferred from Affiliated Business Tre	`		+	0	
Total Amount Transferred from Affiliated Labor Union	0				
Total Amount of Personal Funds of the Candidate Recei	0				
Total Amount of Interest from Deposits in Authorized A	Accounts (Section J)		+	0	
Total Miscellaneous Monetary Receipts not Considered	Contributions (Section K)	+	0	
(Add Sections D throug	Total of C th K) (Enter total on Line 15,	Other Monetary I Column A of Summary I			

II. EVENT ACTIVITY (Sections L1-L5)

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with Filing Repository,		TYPE OF REPORT						
CAGG4BRISTOL	was distributed as a constant of the constant of the con-		January 10 Filing)					
	Li. Ever	nt Information							
Event # Description Letter Description				Was this a fur OYes	ndraising event? ONo				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committees) Was this event hosted at a personal re	esidence?	OYes (If yes, go to Section L.: Associated with a Houpurchases made by hos No	ise Party and complet	e required infor					
Did this fundraiser include goods or s of up to \$200 or items donated by an									
Was this fundraiser a tag sale, auction with purchases from an individual of		OYes (If yes, enter Total Reco	eipts here.)	\$					
Subpart 2: (Party Committees, Mun. Were there purchases of advertising s sign associated with this fundraiser?	pace in a program book or on a	mittees other than Exploratory OYes (If yes, go to Section Lagory or on a Sign and comp	Purchases of Advert		Program Book				
Subpart 3: (Town Committees ONL Did your committee sell food or beve gathering held within the state with the	rage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$					
Event # Description Date of Event Letter				Was this a fun	draising event?				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committees) Was this event hosted at a personal re-	sidence?	OYes (If yes, go to Section L5 Associated with a Hou purchases made by host ONo	se Party and complete	e required inform					
Did this fundraiser include goods or so of up to \$200 or items donated by an i		O Yes (If yes, go to Section Leand complete required in No		ot Considered (Contributions				
Was this fundraiser a tag sale, auction with purchases from an individual of the same of t		OYes (If yes, enter Total Reco	eipts here.)	\$					
Subpart 2: (Party Committees, Muni. Were there purchases of advertising spaces associated with this fundraiser?	cipal Candidates and Political Comm pace in a program book or on a		Purchases of Adverti		Program Book				
Subpart 3: (Town Committees ONL) Did your committee sell food or bever gathering held within the state with thi	age at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$					
SUBTOTAL Section L1—Subpar	1 (All Committees) Total Receipts fr	om Sale of Donated Items —]	This Page ()						
		on L1—Subpart 3 <i>(Town Committ</i> lpts from Food Purchases — T							
		TOTAL of additional Section	Li Pages 0						
		IPTS FROM SMALL PUR Line 16a, Column A of Summary		- ,					

II. EVENT ACTIVITY (Sections L1—L5)

indi	vidual purchases ir	om a committee tag	sale, auction	, or a sale of donated i	tems.	Section L2	. removed
	ITTEE (Provide Complete Nan	ne as Registered with Filing Repos	itory)	TYPE OF R			
CAGG4BRISTOL	S-77155 78 12 12 12 12 12 12 12 12 12 12 12 12 12		All the second second	January 1	0 Filing		,
	L3. P	urchases of Advertis	ing in a Prog	ram Book or on a Sign			
Name of Purchaser					Purc	hase Made By:	_
					0	Business Entity	Other
		****	_	***************************************	<u> </u>	Individual/Sole	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	es for All Events	Amount of Program Ad Pu	ırchase	Amount of S	ign Purchase
							-
N. 60							
Name of Purchaser					_	hase Made By:	O ou
					آسا ا	Business Entity	Other
Street Address	· · · · · · · · · · · · · · · · · · ·		City		<u> U</u>	Individual/Sole I	Zip Code
Subot Hadress			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
Name of Purchaser		<u> </u>			Purc	hase Made By:	
					I	Business Entity	Other
					1 =	Individual/Sole I	-
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchase	s for All Events	Amount of Bunguage Ad Bu	b	A	
2000 10001700	124021111	Tiggiogate i memise	S IOI AII EVEILIS	Amount of Program Ad Pu	renase	Amount of Si	gn rurchase
Name of Purchaser					Purc	nase Made By:	
		*			O ₁	Business Entity	Other
					O	ndividual/Sole F	'roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
N							·
Name of Purchaser					· · ·	nase Made By:	O 04
						Business Entity	Other
Street Address			City		10	ndividual/Sole P	Zip Code
			City			State	Zip Code
		_					
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
			in ing signa ang juga.		<u></u>		
	SUBTOTAL Sect	tion L3 Total Purchases of	Advertising in	Program Book — This Page	0		
	STIDDEN	AT Court of the		*****			
	SUBIUI	AL Section L3 Total Puro	enases of Adver	tising on a Sign — This Page	U		
的图象的更多模式			TOTAL of	additional Section L3 Pages	0		
			1967 18 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	승규가 가라 있나요? 그 아이나 아름지?			
T (OTAL OF ALL PURCE			RAM BOOK or ON A SIGN			
医乳腺性 医乳腺性 医乳腺性 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	コーコル・インコー オール・4 単とりの行列	seimtar tatai an	T THE A SEA CONTRACTOR	n a at Summani Paga Latale.	-		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITT	EE (Provide Complete Name	as Registered with Filing Repo	ository)		TYPE OF REPO	RT		
CAGG4BRISTOL	- 11			J	anuary 10 Fil	ing		
And the state of t		4. In-Kind Donatio	ns Not Cons	idered Contribut	ions	and the second of the		
Name of Donor	Alle March Control of the Control of				Anna en Albana de Len		<u>ing Panton ng Sal</u>	
Street Address	up.,,t	***************************************	City	<u></u>	W-1		State	Zip Code
			ļ					
Donation Given By:	Description of Donation	 				Fair 1	Market Va	lue of Donation
OBusiness Entity								
OIndividual	Date Received	Event#	····	Aggregate Value for	this Event	-		
O Sole Proprietorship]					
Name of Donor						<u> </u>		·
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation	,	1			Fair !	Market Va	lue of Donation
OBusiness Entity								
OIndividual	Date Received	ate Received Event # Aggregate Value for this Event						
OSole Proprietorship		İ						
Name of Donor		,		. 				
Street Address			City		·		State	Zip Code
Donation Given By:	Description of Donation		<u> </u>			Fair I	l Varket Val	ue of Donation
OBusiness Entity								
OIndividual	Date Received	Event#		Aggregate Value for this Event				
O Sole Proprietorship								
Name of Donor		<u> </u>		1		·	·	
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation	***************************************	ı			Fair N	larket Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for the	is Event			
		SL	BTOTAL Secti	on L4 — This Page	0			
		TO	TAL of addition	al Section L4 Pages	0			
Т О Т	AL OF ALL IN-KINI	DONATIONS NOT ((Enter total on Line 2)	CONSIDERED , Column A of St	CONTRIBUTIONS immary Page Totals)	0			

H. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pr	ovide Complete Name as Registered with Filing Rep	pository)		TYPE OF RE	PORT	
CAGG4BRISTOL		300		January 10) Filing	
L5 .	In-Kind Donations Not Conside	ered Contributions Associ	ciated with a I	Iouse Par	ty	
Name of Host			committee?		lo	ne candidate or dendum I.5
Street Address		City			State	Zip Code
·						1
Description of Donation	100			Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
Name of Host	<u> </u>		committee?	Supporting m OYes ON mplete Itemiz	lo	ne candidate or
Street Address	1-1 - 1-1 - 1-1 - 1	City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Description of Donation		L		Fair Mar	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?	upporting me OYes ON mplete Itemize	0	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?		0	ne candidate or
Street Address		City	•		State	Zip Code
Description of Donation		Transaction and an artist of the second		Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
		SUBTOTAL Section L5 -	– This Page	0		
	1	OTAL of additional Section	on L5 Pages	0		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on)	OT CONSIDERED CONTI Line 22, Column A of Summar	RIBUTIONS y Page Totals)	0		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	e Name as R	egistered with	Filing Repository)	Sur Fred			OF REPORT			
CAGG4BRISTOL		va ivisti sekisti		(()		Janua	ry 10 Filing	eritzi saiz	al a layer as the Section	
Name			M. In-Kind Co	ntr	butions					
Manie										
Street Address				Cit	у			State	Zip Code	
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions		Description of In-Kind	Contributi	DD	<u> </u>	<u></u>	
OIndividual / Sole Proprietorship Oother	J	.,,,,	Jaggiogue Contributions		Description of In-Tellin	Continue	, 1			
	76	ibution is in	excess of \$400 to a candi	idate	for a chief executive of	efficer of	a municipality			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/she is associa					Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	ntor a principal of a state of indicate which branch o emment the contract is wi	or bra			ON ₀			
Name	 	97.89			<u> </u>	<u> </u>				
Street Address				City	<i>y</i>			State	Zip Code	
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions		Description of In-Kind	Contributio	n		<u> </u>	
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		n excess of \$400 to a cand business he/she is associ n \$5,000?	iated					Market Value Contribution	
Is this contribution associated with an event reported in Section L1?	8 Yes No	If yes,	tor a principal of a state c indicate which branch or	contra r bra	actor or prospective sta	_	O No			
If yes, list Event #		of gove	rnment the contract is wit	th:	Executive	OLegisi	ative			
Тушк										
Street Address	<u> </u>			City	,			State	Zip Code	
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Contributions		Description of In-Kind (Contributio	п		-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		excess of \$400 to a cand business he/she is associant \$5,000?	ated				Fair Market Value of this Contribution		
Is this contribution associated with an event reported listed in Section L1?		Is contribut	tor a principal of a state c indicate which branch or	ontra r bra:	actor or prospective sta	_	ON ₀			
If yes, list Event #	G1125-9193	or gover	mment the contract is wit		Executive (i i	anve			
			SUBTOTAL	Sec	tion M — This Pag	e (0				
			TOTAL of add	litio	nal Section M Page	s 0				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS Œ	nter total on Line 23, Colu	umn .	A of Summary Page To	tals) 0				
	N.	Refunc	lable Deposit to T	'ele	nhone Compan	v.				
Last Name of Individual	Said to the		First			Janes 1	Ім Іт	Date Deposit	t Made	
Residential Street Address			City			State	Zip Code			
						-		4	Amount of Deposit	
Name of Telephone Company			[<u> </u>	4		
-										
Street Address			City			State	Zip Code	-		
	n				e de la creation de	-17 (A.)	<u> </u>			
TOTAL SE	CTION	N (Enter t	otal on Line 24, Column	A oj	Summary Page Tota	(s) 0				

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		an Big Shart
CAGG4BRISTOL			January 10 Filing		
	P. Expenses	Paid by Committee			
Name of Payee	<u> </u>	A CONTRACTOR OF THE STATE OF TH	Date of Payment	Method of	•
Anedot Inc.			10/27/2021	O Check	
Street Address		City	<u> </u>	O Debit State	Card OEFT Zip Code
1340 Poydras Str	reet, Suite 1770	New Orleans		LA	70112
Purpose of Expenditure	Description	1	Event #	1	Amount
(by code) WEB	Fees for processing debit and credit card con	tributions		4.30	Z Lano man-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	re) Independe	ent ionOAOBOCOD		
Name of Payee			Date of Payment	Method of	•
Thomaston Savir	ngs Bank		Various	O Check	
Street Address	***************************************	City	I.	State	Zip Code
203 Main Street,	PO Box 907	Thomaston		СТ	06787
Purpose of Expenditure (by code)	Description	1	Event #		Amount
BNK	Paper Statement Charges			10.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	e) O Independe			
Name of Payee		-	Date of Payment	Method of I	
Joseph Marks			11/03/2021	O Check	Card OEFT
Street Address		City		State	Zip Code
297 Fern Street		West Hartford		СТ	06119
Purpose of Expenditure (by code) A-OTH	Campaign Committee Services - Sign/Literatu	1	Event #		Amount
Expenditure #				250.00	l .
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un O None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re) O Independ	lent		
Name of Payee			Date of Payment	Method of I	
Hitchcock Printin	ig .		11/03/2021	O Debit	
Street Address		City		State	Zip Code
191 John Downe	y Drive	New Britain		СТ	06051
Purpose of Expenditure (by code)	Description		Event #		Amount
A-DM	Mailer - Who is Jeff			787.35	;
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	e) O Independe	·		
	SI	UBTOTAL Section P —	This Page 1,051.65		
	TO 1	TAL of additional Section	n P Pages 10,963.02		
	TOTAL OF ALL EXPEN	NSES PAID BY COMI			
	(Emer wat on Line	19, Count A of Summary P	uge I viuis)		

	ITTEE (Provide Complete Name as Registered with I	iling Repository)	TYPE OF REPORT				
CAGG4BRISTOL CAGG4BRISTOL			January 10 Filln	January 10 Filing			
	the state of the s	paign Expenses Paid by C	andidate				
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid directly		Date of Payment	Is reimbursement claimed?			
Google Inc.			Various	• Yes • No			
Street Address		City		State Zip Code			
1600 Amphithea	atre Parkway	Mountain View		CA 94043			
Purpose of Expenditure (by code)	Description		Event #	Amount			
A-WEB	VEB Google Ads Placement - Paid with personal credit card			1,403.06			
Name of Payee (Name o	f Vendor, Person or Entity who candidate paid directly)	· · · · · · · · · · · · · · · · · · ·	Date of Payment	Is reimbursement claimed?			
Facebook Inc			Various				
Street Address		City		State Zip Code			
1601 Willow Roa	nd 	Menlo Park		CA 94025			
Purpose of Expenditure (by code)	Description		Event #	Amount			
A=WEB	Facebook Ads Placement - Paid wi	th personal credit card		5,496.07			
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid directly)	**************************************	Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure (by code)	Description		Event #	Amount			
Name of Payce (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City		State Zip Code			
Purpose of Expenditure by code)	Description		Event #	Amount			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
				O Yes O No			
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code			
urpose of Expenditure by code)	Description		Event #	Amount			
		SUBTOTAL Section	Q — This Page 6,899.13				
		TOTAL of additional S	ection Q Pages 0	W W			
		ALL EXPENSES PAID BY total on Line 26, Column A of Sum					
<u> and a little of the second o</u>	and the state of t	Lu, Counte A OJ Sum	THE AUGUST	····			

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT CAGG4BRISTOL	TEE (Provide Complete Name as Registered with Fi	iling Repository)	TYPE OF REPORTED TO F	
	R. Expense	es Incurred on Committee C	Credit Card	
Name of Issuing Insti	tution	Type of Credit Card: O Visa O Maste	er Card Discover O	American Express Other:
Name of Vendor, Person of	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	nt (joint expenditure)	dependent	СОР
Name of Vendor, Person o	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	L	Event #	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sough Coordinated without reimbursement sou	nt (joint expenditure)	ow" is checked) dependent ganization OA OB OC	СОР
Name of Vendor, Person of	r Entity			Date of Transaction
Street Address	, , , , , , , , , , , , , , , , , , , ,	City		State Zip Code
Purpose of Expenditure (by code)	Description	***************************************	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below Coordinated with reimbursement sought Coordinated without reimbursement sou	it (joint expenditure) Inde	w" is checked) lependent ganization: OA OB OC	: Ор
		SUBTOTAL Section R -	This Page 0	
		TOTAL of additional Secti	ion R Pages 0	
TO:	TAL OF ALL EXPENSES INCUR (Enter	RED ON COMMITTEE CRE r total on Line 27, Column A of Summa		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT		
CAGG4BRISTOL			January 10 Filing		
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period		
Name of Creditor				Date Incur	red
Oh Ya Marketing]			12/22/	2021
Street Address		City		State	Zip Code
608 South Main	Street	West Hartford		СТ	06110
Purpose of Expenditure (by code) A-WEB	Description Internet Targeted Marketing - Bank Fee	geted Marketing - Bank Fee			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indep	endent nization: OA OB OC O	10.00	0
Name of Creditor Thomaston Savir	ngs Bank			Date Incur	
Street Address		City		State	Zip Code
203 Main Street,	PO Box 907	Thomaston		СТ	06787
Purpose of Expenditure	Description		Event #	Am	ount Incurred
(by code) BNK	Paper Statement Fee			(Est	imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought	ture) Organ	is checked) endent ization: A B C I	5.00	
Name of Creditor				Date Incurr	ed
Jeffrey Caggiano				Various	
Street Address		City		State	Zip Code
27 Cricket Hill Roa	add	Bristol		CT	06010
Purpose of Expenditure (by code) A-WEB	Description Facebook Ads Placement - Paid with persona	ıl credit card	Event #		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required	unless "None of the below"	is checked)	954.	57
(y approache)	None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ture) Organ	endent ization: OA OB OC OE		
		SUBTOTAL Section	S-This Page 969.57		
	T	OTAL of additional Sec	ction S Pages 0		
TOTAL OF ALL E	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on Li	NG THIS PERIOD BU'			
	Préviously reported Exp	enses Unpaid and still O	outstanding 0	·	λ
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU e 28a, Column A of Summa			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposit	tory)		1	YPE OF R	EPORT		
CAGG4BRISTOL			Acceptance of the second of th		anuary 1		775-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	And the second of the second o
a tagan dan kaman makamban manan sa	T. Itemization of Rein	abu	rsements and Secor	ıdary P	ayees			
Last Name of Worker/Consultant Caggiano			First Jeffrey			мі J		Payment to Vendor, or Entity
	or Entity Paid by Committee Worker/Consultant		,			to Reimburse in Section P:	Committee	Worker/Consultant as
Google Inc					1 =	in Section P: eck # <u>1035</u>	_ O Do	ebit Card OEFT
f	r, Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
1600 Amphitheatre Parkway			Mountain View		•	CA	94043	
Purpose of Expenditure (by code) A-WEB	Description Google Ads		Event#				1,403.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin)	pendi	iture) O Indepe	endent O	် ဂ () 0 0 0 0 D		
Last Name of Worker/Co.	nsultant	Fi	irst			МІ	Date of I Person o	Payment to Vendor, or Entity
Caggiano		J	effrey			J	Vario	-
Name of Vendor, Person Facebook Inc	or Entity Paid by Committee Worker/Consultant				reported	to Reimburse in Section P: ck #1035	_	Worker/Consultant as
	, Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
1601 Willow Road	1		Menlo Park				CA	94025
Purpose of Expenditure (by code) A-WEB Facebook Ads			Event #			4,541.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-king)	endit	ture) O Indepe	endent O) О (O O		
Last Name of Worker/Con	osultant	Fi	rst			MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person of	or Entity Paid by Committee Workeτ/Consultant	·				n Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		<u> </u>	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Purpose of Expenditure (by code)	Description			Event#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditu	ure) Q Indepen		0 0) O		
		S	SUBTOTAL Section T —	– This Pa	age 5,94	14.56		
		TC	OTAL of additional Secti	ion T Pa	ges 0			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	wo	RKERS AND CONS	ULTAN	TS 5,94	14.56		
					· •			

SEEC	FORM	20

Section P. ADDITIONAL PAGE 1___ of 1___

CAGG4BRISTOL				January 10 Filin	~			
Description of the second second second second				Junium 10 1 mm	y			
超点工作 经基金帐 化氯化甲基苯二甲基苯二甲基苯二甲基	P. Expenses	Paid by	Committee					
Name of Payee MPression Graphi	ics	section (1995)		Date of Payment 12/06/2021	OChe			
Street Address		City		12,007,202.1	O Deb State	it Card OEF		
1 Town Line Rd, U	'	Plainville		CT	06062			
Purpose of Expenditure (by code) A-DM					Amount 225.00			
Expenditure # (if applicable)								
Name of Payee				Date of Payment	Method o	Method of Payment:		
Oh Ya Marketing				12/22/2021	_	O Check #O Debit Card OEFT		
Street Address	· · · · · · · · · · · · · · · · · · ·	City			State	Zip Code		
608 South Main Street West Hartford				СТ	06110			
Purpose of Expenditure (by code) A-WEB					1703	Amount 4,793.46		
if applicable)	Pype of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee) re)	Independent	NAOBOCO1				
lame of Payee				Date of Payment	Method of	-		
Jeffrey Caggiano 12/10/2021					Check #1035 Debit Card DEFT			
treet Address		City			State	Zip Code		
27 Cricket Hill Roa	d	Bristol	ol		СТ	06010		
urpose of Expenditure by code) A-WEB	Description Reimburse Google & Facebook fees paid on p	ees paid on personal credit card			F.04/	Amount 5,944.56		
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD								
		Date of Payment	Method of Chec	k#				
treet Address		City		<u> </u>	O Debi	Zip Code		
rpose of Expenditure y code)	Description		Ever	at #		Amount		
аурасине	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee) e)	O Independent	ked) Oa Ob Oc Oi				
		TIRTOTAL		s Page 10,963.02	 			